

responsibility, in our system, is transferred. However, the growth of private medicine could bring this issue once more to the fore. Meanwhile, for doctors in the National Health Service, issues of responsibility and blame are usually resolved by health authorities well short of action by the General Medical Council or the law courts. Patients here have so far been at a considerable disadvantage when it comes to filing complaints about clinical incompetence. Now that medical authority, both technical and charismatic, is being increasingly questioned there could be a tendency towards more litigation, an outcome regarded with horror by most doctors but one which would certainly make the philosophical problems discussed in this volume of more than theoretical interest.

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Expensive Medical Techniques. Report of a Working Party

Convenor D Russell Davis. London, Council for Science and Society, 3/4 St Andrews Hill, EC4V 5BY, 1983. £5.00 hardback, £2.50 soft cover, plus 40p postage

This lucid and informative report is concerned with criteria and procedures for National Health Service (NHS) priority decisions about the introduction of expensive new medical techniques (EMTs). The report discusses techniques of diagnosis, treatment and prevention, but excludes consideration of drugs: 'expensive' is not defined precisely, but is taken to mean that expenditure on the technique 'cannot be found from within an existing NHS budget and that a decision to allocate funds to it has to be made in competition with other desirable improvements or developments'. Examples given from recent decades include: screening, from mass miniature radiography to amniocentesis and computed tomography; treatment, from hip replacement surgery to dialysis and organ transplantation; and care, from special care baby units to coronary care units. Reviewing these developments the working party catalogues a variety of difficulties which have been encountered in bringing EMTs into regular use – 'the inadequacy of the evaluation beforehand, the narrowness of the criteria, the inadequacy

of the planning of services with regard to the number and location of units, the over-use of EMTs, the neglect of non-medical alternatives, the lack of consultation with other experts and the public, and the lack of the information provided for the public and the media'. Going on to discuss current decision-making practice about the introduction of EMTs, with reference to the role of central departments, regions and districts, universities and research funding, Community Health Councils, pressure groups and the media, the working party points to defects and inadequacies (including the interesting variety of ways in which EMTs can 'turn up first as a cuckoo in an unsuspecting (health) district's nest') which go some way towards justifying the claim, made in its preface, that the report 'uncover[s] a most disturbing deficiency of simple rationality in the workings of one of the most important of all our social institutions'.

That the working party's main procedural remedy for this deficiency may seem as unoriginal as what it 'uncover[s]' is unsurprising, at least to those with some knowledge of the workings of the NHS. The remedy – at any rate the main point taken by the media at the time of the report's publication in February 1983 – is the appointment by the Secretary of State of 'an advisory group on EMTs who should be given responsibility for ensuring that EMTs are evaluated clinically'. (This recommendation is made as a suggested first step towards what the working party would really like to recommend, but consider hopelessly unrealistic in the current economic climate, namely a national institute of health service research which would do the same job more thoroughly). However, although the suggestion of yet another committee may seem hackneyed, the working party makes out a skilful case for such a body as a useful counterbalance to the haphazard, interest- and pressure-prone workings of current practice. Its reference, by way of an imperfect analogy, to the Committee on Safety of Medicines, is also suggestive.

Despite the importance of this major recommendation, it would be a pity if this were seen as the report's main contribution to current debate about EMTs, since the report could also have a useful wider educational and informative function. The working party's chapter on criteria, particularly 'the information required about an EMT before a decision is taken to allocate resources to it' provides 'a checklist for the way' which repays careful reading.

In discussing procedures, the working party has suggestions to make about the wider use of advice and consultation, involving non-medical expertise and public participation, which might help avoid some of the social and personal as well as economic costs of introducing new medical technology. In the end, no doubt, decisions made by an advisory group may be the crucial determinant of policy – not least if, as the working party admits, such vital questions as that of 'how long a new EMT should receive short-term financing before a decision is taken whether to make it generally available' are 'a matter of judgment'. But such judgment will undoubtedly be better informed if the considerations raised in the report are taken seriously. What will also matter however, is whether such considerations are seen primarily in terms of improving diagnosis, treatment and prevention, or primarily as rationalisations for cost-cutting as an end in itself. The working party expresses the good utilitarian belief that 'current practices can be improved without discouraging initiative or adding to the bureaucracy'. But it also admits that, when all the evaluation has been done, 'almost any development has the effect of increasing the overall demands on the service'. One can only hope that the splendid rationality of this liberal Benthamite report will not be used for less liberal ends.

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Consent in Medicine: Convergence and Divergence in Tradition

Eds G R Dunstan and Mary J Seller. London, King Edward's Hospital Fund and Oxford University Press, 1983. £8.50

This useful book is the literary testament of a small but distinguished group which met, over five years, 'to study and discuss selected topics in medical science and practice in the light of the Hippocratic, Jewish and Christian traditions'. Its discussions began from a remark, made, we are told, in an underground car park, by Professor Paul Polani to Professor Gordon Dunstan, about differences between Jewish and other ethical assumptions concerning medical practice. The professors' academic curiosity was stimulated; and later, in